UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

134480

OMB Approval
OMB Number: 3235-0076
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hours per response 16.00

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

6000				_			
Name of Offering (☐ Che	eck if this is an amendment and	name has cha	nged, and indic	ate char	nge.)		
Common Stock Private 1	Placement Offering						
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505	⊠ Rule 506	☐ Sect	tion 4(6)	ULOE	
Type of Filing: New F	iling						PHUCESSED -
	A. BASI	C IDENTIF	ICATION D	ATA			AMALI & a soci
1. Enter the information r	equested about the issuer					-D	1001 T 1 T T T
) =====================================
	if this is an amendment and nar	me has change	d, and indicate	change.	.)		
Renwood Group, Inc.							
Address of Executive Offi	ices (Number and Street, City, S	State, Zip Code	e)	J	Telephon	e Number (I	ncluding Area Code)
8795 Folsom Blvd., #203					(916) 381	-9463	
Address of Principal Busin	ness Operations (Number and S	treet, City, Sta	ite, Zip Code)		Telephon	e Number (I	ncluding Area Code)
(if different from Executive	ve Offices)			1			
		<u> </u>		1			
Brief Description of Busin	iess						
Winery							
Type of Business Organiz							
☑ corporation	☐ limited partnership, already		□ oth	ner (plea	ase specify)): _	05071816
☐ business trust	☐ limited partnership, to be fo	ormed					7741 1010
			Month	-	Year		
				Г		-	
Actual or Estimated Date of	of Incorporation or Organization	n:	0 8	ł	0 0	⊠ Actu	ial Estimated
Tur	risdiction of Incorporation or O	rganization: (Enter two-lette	r U.S. P	ostal Servi	ت ce ahbreviat	tion for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U. S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U. S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers. Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Smerting, Robert I. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 9826 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☑ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Milkenson, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 9826 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Actaine, Stephen J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 9826 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Actaine, Stephen J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 9826 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director ☐ General and	2. Enter the	information req	uested for the fo	ollowing:				
securities of the issuer; Each sexecutive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and	•							
	•			the power to vote or dis	spose, or direct the vote	or disposition	of, 10% or more of a class of equit	y
Bach general and managing partner of partnership issuers. Check Box(ex) that Apply:				_			_	
Check Box(es) that Apply: Promoter 28 Beneficial Owner 28 Executive Officer Carlo Director Carlo Managing Partner	•		e officer and dire	ector of corporate issuer	rs and of corporate gene	ral and managi	ing partners of partnership issuers;	
Full Name (Last name first, if individual) Smerling, Robert I. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Wilkenson, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Aselago, Stephen J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Crea, Roberto Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Crea, Roberto Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gott, Thomas Carv Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gott, Thomas Care Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gott, Thomas Care Beneficial Owner Execut	•	Each general a	nd managing pa	rtner of partnership issu	iers.			
Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box					☑ Director		
8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wilkenson, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Aselage, Stephen J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Crea, Roberto Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gott, Thomas Carv Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lucchetti, David J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lucchetti, David J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) CZ Paul Partners B.V. Busines			if individual)					
Managing Partner Full Name (Last name first, if individual) Wilkenson, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Aselage, Stephen J. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Crea, Roberto Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Cott, Thomas Carv Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lucchetti, David I. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Lucchetti, David I. Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individua	and the second s			• • • • • • • • • • • • • • • • • • • •	Code)			
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Managing Partner Managing Partner					p Code)			
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8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply:	Aselage, St	ephen J. Pasidanaa Addr	acc (Number on	d Street City State 7i	n Codo)			_
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Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply:							Managing Partner	
Business or Residence Address (Number and Street, City, State, Zip Code) 8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply:			if individual)		· · · · · · · · · · · · · · · · · · ·			
8795 Folsom Blvd., #203, Sacramento, CA 95826 Check Box(es) that Apply:			(NT 1	10 0'. 0 7'	<u> </u>			_
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Full Name (Last name first, if individual) Newport Seashore Trust Business or Residence Address (Number and Street, City, State, Zip Code)								
Newport Seashore Trust Business or Residence Address (Number and Street, City, State, Zip Code)	Check Box	(es) that Apply:	⊔ Promoter	ixi Beneficial Owner	☐ Executive Officer	☐ Director		
Business or Residence Address (Number and Street, City, State, Zip Code)		•	if individual)					
				•	•			

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

;				B. I	NFORMA	TION A	BOUT OF	FERING				
1. Has	the issuer s	old, or doe	s the issuer	intend to s	ell, to non-	accredited	investors ir	this offeri	ng?			Yes ⊠ No
				Answer al	so in Appe	ndix, Colu	mn 2, if fili	ng under U	LOE.			
2. Wha	t is the min	imum inve	stment that	will be ac	cepted from	any indiv	idual?			•••••		\$ <u>N/A</u>
3. Does	s the offerir	ng permit jo	oint owners	hip of a sir	ngle unit?			***************************************	•••••			Yes 🗆 No
remore pers than	uneration foon	or solicitati of a broke	on of purcl er or dealer	nasers in c registered	onnection with the S	vith sales o EC and/or	of securities with a state	s in the offee or states,	ering. If a list the nar	person to ne of the b	be listed is proker or de	ion or similar an associated caler. If more that broker or
Full Na	me (Last na	me first, if	individual)								
Busines	s or Reside	nce Addres	ss (Number	and Street	t, City, State	e. Zip Code	<u>. </u>					
					., 0.0, , 0.00							
Name o	f Associate	d Broker o	r Dealer									
(Check [AL] [IL] [MT] [RI] Full Na	"All States [AK] [IN] [NE] [SC] me (Last na	" or check in [AZ] [IA] [IA] [NV] [SD] [SD] [Snce Address	individual S [AR] [KS] [NH] [TN] individual	States) [CA] [KY] [NJ] [TX]	nds to Solic All St [CO] [LA] [NM] [UT]	ates [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
States in	n Which Pe	rson Listed	l has Solici	ed or Inter	nds to Solic	it Purchase	ers					
(Check [AL] [IL] [MT] [RI]	"All States [AK] [IN] [NE] [SC]	" or check i [AZ] [IA] [NV] [SD]	individual S [AR] [KS] [NH] [TN]	States) [CA] [KY] [NJ] [TX]	☐ All St [CO] [LA] [NM] [UT]		[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Rusines	e or Pasida	nce Addre	ss (Number	and Street	, City, State	a Zin Code						
	f Associate			and Succi	., Chy, Stati	c, zip code	···			-		
(Check [AL] [IL]	"All States [AK] [IN]	or check [AZ]	individual S [AR] [KS]	States) [CA] [KY]	nds to Solic All St [CO] [LA]	ates [CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

{00046542.DOC:1} SEC 1972 (2-99) **3 of 8**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" i the answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	(Aggregate Offering Price	Amount Already Sold
Debt	\$_		
Equity	\$.	315,516.00	\$ <u>315,516.00</u>
Convertible Securities (including warrants)	\$_		\$
Partnership Interests	\$_		\$
Other (Specify)	\$.		\$
Total	\$_	315,516.00	\$_315,516.00
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" o "zero."	e	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		8	\$ <u>315,516.00</u>
Non-accredited Investors			\$
Total (for filings under Rule 504 only)			\$
Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in thi offering. Classify securities by type listed in Part C - Question 1. Type of Offering		Type of	Dollar Amount
		Security	Sold
Rule 505 (Not applicable)	-		\$
Regulation A		·	\$
Rule 504	_		\$
Total	_		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees		×	\$ <u>2,000.00</u>
Accounting Fees			\$
Engineering Fees			\$
Sales Commissions (specify finders' fees separately)			\$
Other Expenses (identify)			\$
Total		\boxtimes	\$ 2,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	ISE AND	USE OF P	ROCEEDS	3
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference the "adjusted gross proceeds to the issuer."			\$	313,516.00
5. Indicate below the amount of the adjusted gross proceeds to the issuer proposed to be used for each of the purposes shown. If the amount for any purpose known, furnish an estimate and check the box to the left of the estimate. The tota payments listed must equal the adjusted gross proceeds to the issuer set forth in resp. Part C - Question 4.b. above.	e is not I of the conse to	Payments of Difficers, Dire & Affiliate	ectors	Payments to Others
Salaries and fees		\$		\$
Purchase of real estate		\$. \$
Purchase, rental or leasing and installation of machinery and equipment		\$	□	\$
Construction or leasing of plant buildings and facilities		\$		\$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$		\$
Repayment of indebtedness		\$		\$
Working capital		\$	⊠	\$ <u>313,516.00</u>
Other (specify):		\$		\$
		\$		\$
Column Totals		\$	X	\$ <u>313,516.00</u>
Total Payments Listed (column totals added)		X	\$ 313,51	16.00
D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by the undersigned duly authorize following signature constitutes an undertaking by the issuer to furnish to the U. S. Securi of its staff, the information furnished by the issuer to any non-accredited investor pursual	ities and Ex	change Com	imission, upo	
Issuer (Print or Type) Renwood Group, Inc.			Date Nove	ember 🏿 🌱 , 2005
Name of Signer (Print or Type) Robert I. Smerling Title of Signer (Chief Executive	•	pe)		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

☐ Yes ☑ No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Renwood Group, Inc.	November / , 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Robert I. Smerling	Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

,	•			Al	PPENDIX			_	,
1	2		3			4] 5	,
	Intend to non-acc investors (Part B-	redited in State	Type of security and aggregate offering price offered in State (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		X	*	6	\$112,516.00				X
CO		X	*	1	\$3,000.00				X
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD			·····						
MA									
MI									
MN									
MS									
МО									
MT									

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Intend to sell to non-accredite investors in State (Part B-Item) State Yes No NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WA WY WY WI WY		AP	PENDIX				
non-accredited investors in State (Part B-Item) State Yes No NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI	3			4		5	
NE	credited offering price s in State offered in State	Type of investor and amount purchased in State (Part C-Item 2)					fication te ULOE attach tion of ranted) Item 1)
NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI	No	Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
NH					· 11.3 (1980)		
NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI							
NM							
NY							
NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WI							
ND							
OH OK OR PA RI SC SD TN TX UT VA WA WV WI							
OK OR OR PA RI SC SD TN TX UT VT VA WA WV WI							
OR PA RI SC SD TN TX UT VT VA WA WV WI							
PA RI SC SD TN TX UT VT VA WA WV WI					 		
RI SC SD TN TX UT VT VA WA WV WI							
SC SD TN TX UT VT VA WA WV WI							
SD TN TX UT VT VA WA WV WI							
TN TX UT VT VA WA WV WI							
TX UT VT VA WA WV WI							
UT VT VA WA WV WI		-					
VT VA WA WV WI							
VA WA WV WI							
WA WV WI							
WV					_		
WI							
WI			<u>. </u>				
			<u> </u>				
PR							
(1) X	X *	1	\$200,000.00	,			X

⁽¹⁾ The Netherlands

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^{*} Common Stock Private Placement Offering/ \$315,516.00